Have Your Say on Skin Cancer Surgery Research Priorities

What is this survey for?

We recently ran a survey that asked patients, carers and healthcare professionals to put forward research suggestions about skin cancer surgery. These questions will help us find important areas to research in order to improve outcomes for patients with skin cancer.

Over 1100 research suggestions were put forward. The 38 summary questions not answered by research are listed in this survey. **We are now asking for your help to prioritise this list.**

Please take part in this survey if you are:

- · Aged 18 years and over and have had surgery for skin cancer
- · A carer or family member of someone who has had surgery for skin cancer
- · A healthcare professional who manages skin cancer

This survey is open to people living in the United Kingdom and Ireland.



Prefer to respond online? This QR will take you to the survey.

For each paper survey completed, we are donating £1 to a skin cancer charity.

\bigcirc	Karen Clifford Skin Cancer (SKCIN)
\bigcirc	Melanoma UK
\bigcirc	Melanoma Focus
\odot	British Skin Foundation

Please choose a charity:

- 1. Which of the following categories best describes you?
- A person who has had surgery for skin cancer
- A carer or family member of a person who has had surgery for skin cancer

Tell us your research priorities

2. Please tick up to 10 of the following research questions which						
you feel are most important.						
What are the most effective methods of teaching and maintaining skills for skin cancer surgery? What are the best approaches to ensure that patients feel fully informed about their skin cancer surgery? i.e. scar results, other treatment options What anaesthetic techniques are best for patients having skin cancer surgery? (e.g. local anaesthesia, nerve blocks, hypnotism, distraction techniques) Which approach to wound closure provides the best results in skin cancer surgery? (e.g. pattern of stitches, stitch material, timing of removal)	What is the best way to prevent and treat nerve damage or numbness after skin cancer surgery? What factors affect whether skin cancers come back following skin cancer surgery? What can help with scarring after skin cancer surgery? (e.g. surgical technique, massage, creams) How do reconstruction techniques (e.g. grafting or flaps) compare with wounds left open to heal (secondary intention) in terms of patient experience and aesthetic outcome? How does Mohs surgery (a specialist technique to confirm cancer clearance before repairing the wound) compare to standard removal with immediate or delayed repair of skin cancer?	What is the role of wide local excision (extra skin taken around the scar) for melanoma and lentigo maligna in reducing recurrence? What is the role of Sentinel Lymph Node Biopsy (SLNB) for skin cancer? (e.g. Melanoma, Merkel cell, SCC) What is the role of complete lymph node removal and how does it compare with other treatments for skin cancer lymph node recurrence e.g. radiotherapy or targeted drug treatment (immunotherapy)? What are the outcomes of same day surgery for skin cancer versus planned surgery on a separate day?				

Which wound dressings are best for fully closed wounds after skin cancer surgery? (e.g. for infection prevention, healing and scarring). Which wound dressings are best for wounds left open to heal (secondary intention) after skin cancer surgery? (e.g. for infection prevention, healing and scarring). Examples include iodine dressings, honey dressings, seaweed dressings and non-stick dressings. What are the best ways to communicate information to patients or carers about wound care after skin cancer surgery? What are the best approaches for successful skin grafts after skin cancer surgery? (e.g. dressings, donor skin, healing and appearance).	What is the role of radiotherapy in the treatment of skin cancer compared with surgical excision? What is the role of radiotherapy after skin cancer surgery? What is the role of nonsurgical treatments in the management of lentigo maligna or melanoma in situ? (these are abnormal mole cells in the surface skin layer only which may lead to melanoma, sometimes known as "precancers") e.g. cream or radiotherapy What factors are most important in reducing the environmental impact of skin cancer surgery? e.g. recycling of packaging, method of cleaning surgical equipment, procurement and travel. How effective are different treatments compared to standard surgical removal for keratinocyte cancer? These include basal cell (BCC) and squamous cell cancers (SCC).	What are the outcomes of skin cancer surgery performed in the community setting (GP practices for example) versus the hospital setting? What impact do skin cancer multidisciplinary teams (MDT) have on skin cancer surgery outcomes? How can the best outcomes and value for skin cancer patients be delivered in terms of healthcare specialists and the healthcare setting? Which specialities should treat eyelid/periocular skin cancer and does it have an impact on outcome/complications? What has been the effect of Covid and lockdowns on the surgical management of skin cancer in adults? What are the most effective ways to communicate the results from skin cancer surgery to patients?
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3. Please now tell us a bit about yourself so that we can ensure we are getting responses from all groups who are affected by and involved in skin cancer surgery.					
3. How old are you?					
O 18-29 years	○ 70-79 years				
30-39 years	0 80-89 years				
0 40-49 years	90 years or older				
50-59 years	Prefer not to say				
○ 60-69 years					
4. What do you identify as?					
○ Male					
○ Female					
O Prefer not to say					
5. What is your ethnic background?					
White	Black / African / Caribbean / Black				
O Asian / Asian British	British				
Mixed / multiple ethni	ic groups Prefer not to say				
Other ethnic group (please specify)					
6. Where do you live?					
England	O Northern Ireland				
Wales	O Prefer not to say				
○ Scotland					